

Judge Time	_____	_____
	Hours	Minutes



☐ CIRCUIT COURT ☐ DISTRICT COURT OF MARYLAND FOR _____
City/County

Located at _____ Case No. _____
Court Address

(NOTE: Fill in the following, checking the appropriate boxes. Petitioners **need not give an address** if doing so risks further abuse or reveals the confidential address of a shelter. If this is the case, check here ☐ If you need additional paper, ask the clerk.)

_____ Petitioner		VS.	_____ Respondent	
Street Address, Apt. No.	Home: _____		Street Address, Apt. No.	Home: _____
	Work: _____			Work: _____
City, State, Zip Code	Telephone Number(s) _____		City, State, Zip Code	Telephone Number(s) _____

PETITION FOR PROTECTION FROM
☐ **DOMESTIC VIOLENCE** ☐ **CHILD ABUSE** ☐ **VULNERABLE ADULT ABUSE**

1. I want relief for ☐ myself ☐ minor child ☐ vulnerable adult, from abuse by _____

The Respondent committed the following acts of abuse against _____

on or about, _____ (check all that apply.) ☐ kicking ☐ punching ☐ choking
☐ slapping ☐ shooting ☐ rape or other sexual offense (or attempt) ☐ hitting with object ☐ stabbing
☐ shoving ☐ threats of violence ☐ mental injury of a child ☐ detaining against will ☐ stalking
☐ other _____

The details of what happened are: (Describe injuries. State when and where these acts occurred. Be as specific as you can.): _____

2. (If the victim is a child or vulnerable adult, fill in the following): I am asking for protection for a ☐ child
☐ vulnerable adult whose name is _____

At this time the victim can be found at _____

I am ☐ State's Attorney ☐ DSS ☐ a relative ☐ an adult living in the home.

3. The person(s) I want protected are (include yourself if you are a victim):

Names(s)	Birthdate	Relationship to Respondent
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Case No. _____

VS.

Respondent

4. The person(s) I want protected now lives, or has lived, with the Respondent for the following period of time during the past year: _____

There ☐ are ☐ are not additional persons living in the home.

5. I know of the following court cases involving me, or the person I want protected, and the Respondent. (Examples include: paternity, child support, divorce, custody, domestic violence, juvenile cases, criminal cases)

Results or Status (if you know)

6. Describe all past injuries the Respondent has caused the victim, and give date, if known _____

7. The Respondent owns or has access to the following firearms:

8. I want the court to order the Respondent: (NOTE: Petitioner need not give an address if doing so risks further abuse.)

☐ NOT to abuse or threaten to abuse _____ Name(s)

☐ NOT to contact, attempt to contact, harass _____
Name(s)

☐ NOT to go to the residence(s) at _____ Address _____

☐ NOT to go to the school(s) at _____
Name of school and address

☐ NOT to go to the child care provider(s) _____
Name of child care provider and address

☐ NOT to go to the work place(s) at

☐ To leave the home at _____ Address
and give possession of the home to _____

The name(s) on the deed or lease are:

☐ To turn over firearm(s) to a law enforcement agency.

☐ To go to counseling ☐ domestic violence ☐ drug/alcohol ☐ other

☐ To pay money as Emergency Family Maintenance (*may be taken from Respondent's paycheck*).

Case No. _____

Petitioner VS. _____
Respondent

9. I also want the Court to order:

- ☐ Custody of _____
Children's names
be granted to _____
Name
- ☐ Use and possession of the following jointly-owned vehicle be granted to _____
Name

Description of vehicle

10. (Fill in only if you are seeking Emergency Family Maintenance.) The **Respondent** has the following financial resources:

Income from employment in the amount of \$ _____ every ☐ week ☐ 2 weeks ☐ month
☐ other _____

Source of employment income _____
Name and address of source and amount(s) received

Income from other source _____
Name and address of source and amount(s) received

The **Respondent** also owns the following property of value: Automobile(s) \$ _____
Estimated Value

Home \$ _____
Estimated Value Bank Account(s) \$ _____
Estimated Value

Other: _____
Estimated Value

I solemnly affirm under the penalties of perjury that the contents of the foregoing Petition are true to the best of my knowledge, information and belief.

Date Petitioner

☐ I have filled in the Addendum (Description of Respondent), CC-DC/DV 1A

NOTE

If you believe that you have been a victim of abuse and that there is a danger of serious and immediate injury to you, you may request the assistance of a police officer or local law enforcement agency.

The law enforcement officer must protect you from harm when responding to your request for assistance and may, if you ask, accompany you to the family home so that you may remove clothing and medicine, medical devices, and other personal effects required for you and your children, regardless of who paid for them.

You are entitled to request that address and telephone number of a victim, a complainant, or a witness be considered for shielding at the filing of this application.

NOTICE: Remote access to the name, address, telephone number, date of birth, e-mail address, and place of employment of a victim or non-party witness is blocked. (Md Rule 16-1008(a)(3)(B))